

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52		2				
3							53		2				
4							54		2				
5							55		2				
6							56		2				
7							57		2				
8							58		2				
9							59		2				
10							60		2				
11							61		2				
12							62		2				
13							63		2				
14							64		2				
15							65		2				
16							66		2				
17							67		2				
18							68		2				
19							69		2				
20							70		2				
21							71		2				
22		2					72		2				
23		2					73		2				
24		2					74		2				
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		2					79						
30		1					80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.		48				
TOTAL CLAIMS							TOTAL CLAIMS		115				